Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
o a collection of information unless it displays a valid OMB control number. flease type a plus sign (+) inside this box the Paperwork Reduction Act of 1995, no persons are required to re **CHANGE OF CORRESPONDENCE ADDRESS** 

**Application** 

Assistant Commissioner for Patents Washington, D.C. 20231

Address to:

spond to a consection of information	Drilloso it disployed the control of		
Application Number	1:0//701,542		
Filing Date	11/05/2003		
First Named Inventor	Colin P. Garner		
Group Art Unit	1724		
Examiner Name	LAWRENCE JR, FRANK		
Attorney Docket Number	00-292.1		

PTO/SB/122 (10-00)

## Firm or Individual Name	Please change the Correspondence Address for the above-identified application to:  Customer Number  Type Customer Number here  Place Customer Number Bar Code Label here						
Address Intellectual Property Dept. AB6490  Address 100 N.E. Adams  City Peoria State IL ZIP 61629-6490  Country USA  Telephone Fax  This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  H Attorney or Agent of record.  Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number  Typed or Printed Name Dennis C. Skarvan  Signature Jacob Skarvan  Signature Jacob Skarvan  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	OR						
Address  City  Peorf.a  State  IL  ZIP  61629-6490  Country  USA  Telephone  This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  H Attorney or Agent of record.  Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number  Typed or Printed Name  Dennis C. Skarvan  Signature  Date  Type of Printed Name  Date  Type of Printed Name  Dennis C. Skarvan  Date  Type of Printed Name  Dennis C. Skarvan  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		Caterpillar Inc.					
Country  USA  Telephone  This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  H Attorney or Agent of record.  Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number  Typed or Printed Name  Dennis C. Skarvan  Signature  Date  75 9 CT 2086  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address	Intellectual Property Dept. AB6490					
Country  Telephone  This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  H Attorney or Agent of record.  Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number  Typed or Printed Name  Dennis C. Skarvan  Signature  Date  15 2 CT 2266  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Address 100 N.E. Adams						
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  H Attorney or Agent of record.  Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number  Typed or Printed Name Dennis C. Skarvan  Signature  Date  15 2 C 2 2 66  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	City	Peoria	State	<u> </u>	IL	ZIP 61629-6490	
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  + Attorney or Agent of record.  Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number	Country	USA					
data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).  I am the :  Applicant/Inventor.  Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  + Attorney or Agent of record.  Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number	Telephone		F	ax			
Dennis C. Skarvan  Signature  Date  77 27 2066  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).  I am the :  Applicant/Inventor.  Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  + Attorney or Agent of record.  Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number						
Date  25 9 CT 2966  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Name						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Signature De ()						
forms if more than one signature is required, see below*.	25942066						
	forms if more than one signature is required, see below*.						

Burden Hour Statement; This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.